

# Iowa Health and Human Services Alignment

Final Change Package

*March 2022*

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# Introduction and Overview

# What is Iowa's Health and Human Services Alignment effort?

**The Iowa Departments of Public Health (IDPH) and Human Services (DHS) will become one, single department.** This Alignment Project is aimed at:

- Aligning and integrating programs, practices and policies to improve delivery of services and most effectively leverage funding
- Identifying community-based stakeholders (organizations and community members) and other stakeholders to provide input and guidance to the departments' programmatic and policy efforts
- Engaging all levels of staff to inform the departments' established goals and project plans
- Creating an organizational structure that optimizes delivery of services, supports efficiency for staff, and integrates the departments' programs and services with community and other available resources

# Why now?

Health and human service leaders in Iowa have come to recognize extensive connections between Iowa's public health and human services efforts to help all Iowans live safe, stable, and healthy lives. **To best serve Iowans, we must provide:**

1. **Integrated organizational structure** that brings like functions and services together
2. **Shared direction among state staff and partners** and shared connection with the big picture
3. **Welcoming and efficient “front door”** to health and human services
4. **Closed loops and warm handoffs** to connect Iowans seamlessly to services and supports that are right for them
5. **Improved use and integration of data** to make informed decisions and provide seamless service to Iowans



# What are we working toward?

On July 1, 2022, state legislation officially establishes a **unified department of health and human services**. With this alignment as a catalyst, we aim to align IDPH, DHS, and leverage:

- Resources
- Partnerships
- Processes
- Data
- Purpose

We seek to be a **community of professionals serving lowans** together, drawing on complementary:

- Expertise
- Skills
- Mindsets
- Tools





# What is this effort's general timeline?

Phase	Timeframe	Milestones
Explore and Analyze	2021-2022	<ul style="list-style-type: none"><li>Identify recommendations and options for working together more effectively for the good of all Iowans</li><li>Identify how major state functions can be realigned to serve Iowans more seamlessly and effectively</li><li>Finalize a prioritized package of change initiatives, with input from a wide array of state staff, partners, and other Iowans</li></ul>
Prepare and Establish Foundation	2022	<ul style="list-style-type: none"><li>Formally establish a new, integrated health and human services state department</li><li>Declare a shared strategic direction (e.g., vision, mission, principles, frameworks, goals)</li><li>Develop detailed tables of organization, including individual business units and roles</li><li>Implement changes to core administrative functions needed to operate the new department</li><li>Establish a structure for driving change that includes state staff, partners, and other interested Iowans</li><li>Set plans for implementing priority change initiatives</li></ul>
Launch and Pilot	2022-2023	<ul style="list-style-type: none"><li>Start working in new organizational configurations and individual roles (where applicable)</li><li>Analyze and pilot priority changes to programs, services, and infrastructure</li><li>Continuously improve core administrative functions</li></ul>
Scale and Broaden	2023-2024	<ul style="list-style-type: none"><li>Expand implementation of priority changes shown to be effective</li><li>Analyze and pilot additional changes to programs, services, and infrastructure</li><li>Establish mechanisms and rhythms for continuously improving every aspect of the department's work</li></ul>
Routinize and Continuously Improve	2025+	<ul style="list-style-type: none"><li>Expand implementation of additional changes shown to be effective</li><li>Reinforce as routine ways of doing business changes shown to be effective</li><li>Use continuous improvement mechanisms and rhythms as a matter of routine</li></ul>



**What Does This Effort Mean for  
lowans?**



# ***Broaden the reach and positive impact of our services to keep all lowans healthy and safe***

We work together to create and disseminate prevention messages, creating the circumstances for healthy behaviors to become the easy choice and deter poor health outcomes. For example, teens who might be considering smoking, vaping, drugs, or alcohol may choose to turn away from opportunities as they arise due to targeted outreach and education about the effects on their health.



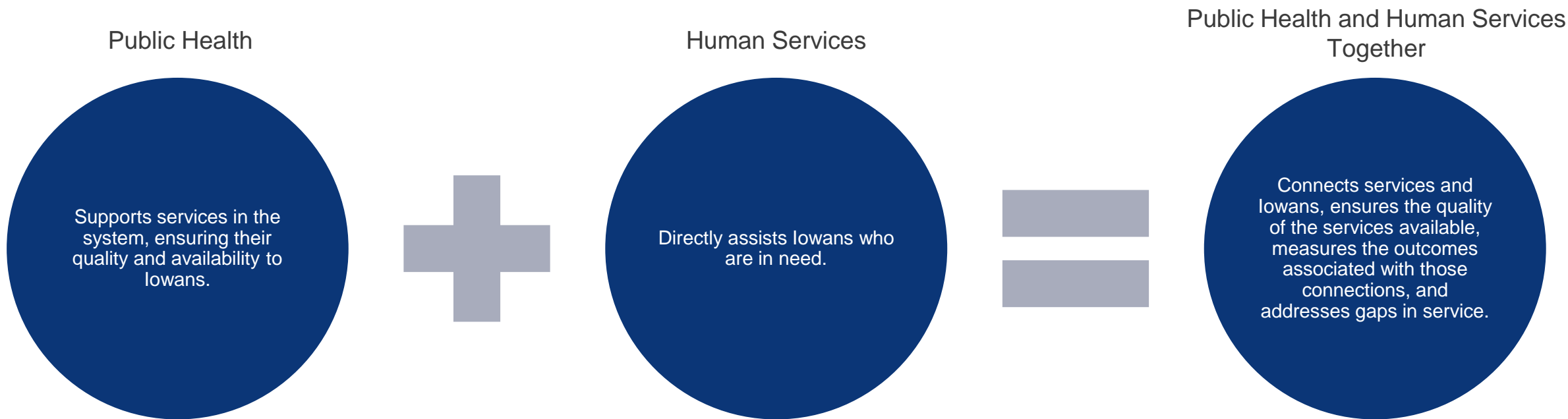
# *Make it easier for our partners to connect you to statewide resources, helping you and your loved ones stay healthy and thrive in your communities*

We work together to increase access to healthy opportunities in Iowa’s communities. For example, nutritious foods provided in Farmer’s Markets can be purchased with SNAP EBT cards.



# *Train staff to understand all the relevant services and programs available to you*

We work together as a hub of information to ensure lowans have access to the most current, relevant, and high-quality services to meet their needs. For example, lowans in need of services can reach out to any of our staff and be connected to the most appropriate resources.



**How are Health and Human Services  
State Functions Being Reorganized?**

# Functional Organizational Chart for Iowa Health and Human Services Department

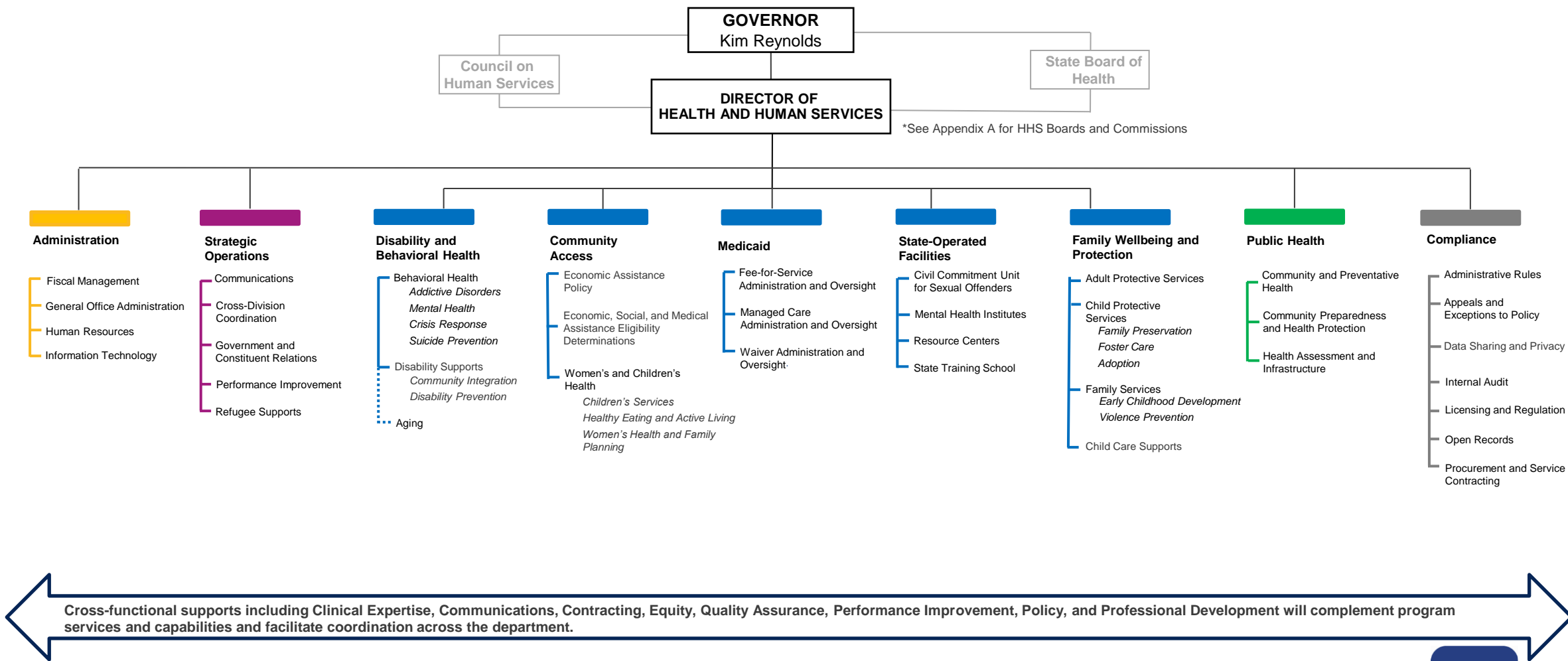


The following slides contain a functional organizational chart for an integrated health and human services department. This chart illustrates how major functions of the unified organization will be organized. It does not depict divisions, bureaus, offices, specific programs or individuals.

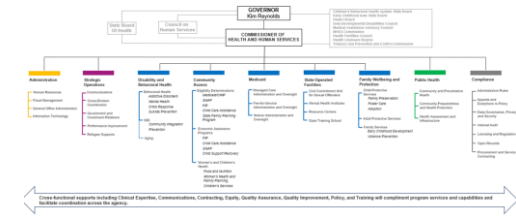
The practices and impact of IDPH and DHS are enhanced, and Iowans benefit most, when delivered as a continuum. Combining resources, reach, insights, tools, and specialized expertise and organizing them into functions within an integrated department places the focus on population health and community wellbeing.

**Over the coming months, work will proceed to identify in more detail the divisions, bureaus, offices, teams, and individual roles that will carry out each major function as well as where programs will be grouped and administered.**

# Functional Organizational Chart for Iowa Health and Human Services Department



# Administration



## *What we mean by “Administration”:*

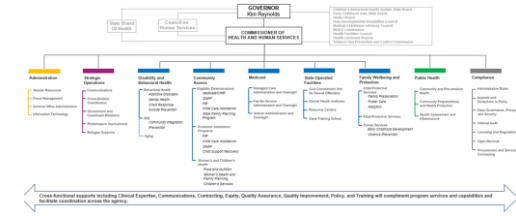
Administration is responsible for delivery of administrative operations for HHS with a focus on meeting the needs of the broader organization. Administrative operations includes fiscal management, human resources, information technology and other general services.

## *A couple of things to note about this functional area:*

- This area **coordinates** with an array of partners across state government, including the:
  - State Office of the Chief Information Officer on information technology
  - Department of Administrative Services on general office administration and human resources
  - Department of Management on budget and finance
- Leads planning and implementation of a **comprehensive information technology strategy** for the new department
- Leads planning and implementation of **consolidated fiscal operations** for the new department



# Strategic Operations



## *What we mean by “Strategic Operations”:*

Strategic Operations helps all other HHS functions to live the organization’s values by managing collaboration, continuous improvement, equity and community engagement across all functional areas.

## *A couple of things to note about this functional area:*

- “**Performance Improvement**” involves using data to identify what across the new department is working well and not as well and launching and supporting processes to build on what is working well and improve what is not working as well. Performance Improvement will coordinate closely with quality improvement efforts across the department and draw wherever possible on the energy and insights of staff and external partners knowledgeable in the areas of focus (while being mindful and respectful of other important work competing for their time).
- This integration effort includes building out a new **Constituent Relations** function to help the new department be maximally responsive to inquiries from, input by, and concerns of all lowans

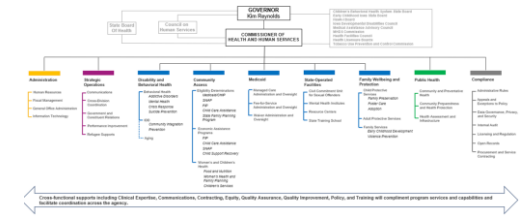
# Disability and Behavioral Health

## *What we mean by “Disability and Behavioral Health”:*

Disability and Behavioral Health provides all Iowans a continuum of care, with a particular focus on helping aging and disabled Iowans, and those with behavioral health needs receive the most effective clinical and preventive practices available.

## *A couple of things to note about this functional area:*

- Functions related to the **state’s federal designations of State Disability Administrator, State Mental Health Administrator, and State Substance Abuse Administrator** will be administered in this area
- This integration effort includes building out a **new suicide prevention function** within an overarching **integrated behavioral health function** that brings together existing population health activities and support services focused on addictive disorders, mental health, crisis response, and suicide prevention. We recognize the close connection between struggles individuals, families and communities face across these areas of behavioral health, and this effort will enable the state to strengthen across-the-board coordination under a unifying **state behavioral health strategy**.
- We will also bolster efforts to support **community integration of people with intellectual and developmental disabilities** under both Iowa’s Olmstead Plan and the 2020 Community Integration Strategic Plan which augments it. A particular focus is continuous improvement of **quality assurance and quality improvement** functions in this area, drawing on an expanded array of tools, resources, and other supports brought together by integrating public health and human services.



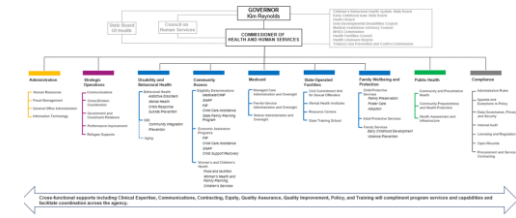
# Community Access

## *What we mean by “Community Access”:*

Community Access helps lowans in need receive supports to lead healthy, stable, and financially independent lives.

## *A couple of things to note about this functional area:*

- Functions related to the **state’s federal designations** of **TANF Administrator** and **SNAP Administrator** will be administered in this area
- This integration effort includes bringing together existing population health activities and support services focused on **maternal health** and strengthening coordination across them under a unifying state maternal health strategy
- This functional area consolidates eligibility policy and determination activities across the department program



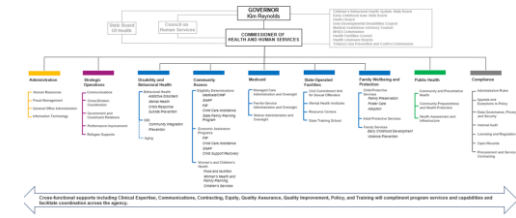
# Medicaid

## *What we mean by “Medicaid”:*

Medicaid helps lowans to access affordable and high-quality healthcare when they don’t have access to it through private employment.

## *A couple of things to note about this functional area:*

- Functions related to the **state’s federal designation of State Medicaid Director** will be administered in this area.
- The following functions will be areas of particular focus:
  - Fee-for Service Administration and Oversight
  - Managed Care Administration and Oversight
  - Waiver Administration and Oversight



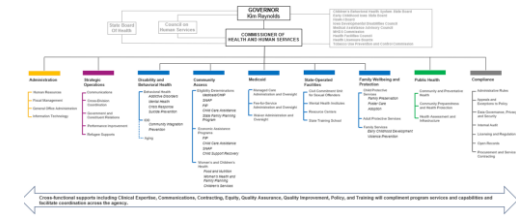
# State-Operated Facilities

## ***What we mean by “State-Operated Facilities”:***

State-Operated Facilities provides treatment to adults, adolescents, and children who need acute psychiatric and residential treatment and helps them prepare to live in the community of their choice.

## ***A couple of things to note about this functional area:***

- Specific facilities managed in this area include Cherokee Mental Health Institute, Independence Mental Health Institute, Civil Commitment Unit for Sexual Offenders, Boys State Training School, Glenwood Resource Center, and Woodward Resource Center



[illegible]

***A couple of things to note about this functional area:***

- Continuous improvement of Child Protective Services is an area of focus in this area, and a comprehensive assessment of Iowa's child welfare system is planned for the near future as a catalyst for continuous improvement
- Functions related to the **Child Care Development Block Grant** will be administered in this area
- Continuing to build out **Adult Protective Services**

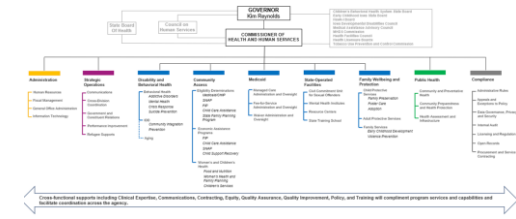
# Public Health

## *What we mean by “Public Health”:*

Public Health helps promote and improve the health of all Iowans.

## *A couple of things to note about this functional area:*

- Functions related to the **Preventive Health and Health Services Block Grant** will be administered in this area
- This area is Iowa’s lead on the three major functions of public health -- **assessment, assurance, and policy development**. The ways these functions will be carried out and administered through an organization structure will be further informed by core public health frameworks, including Public Health 3.0, the 10 Essential Public Health Services, and the Foundational Public Health Capabilities frameworks.





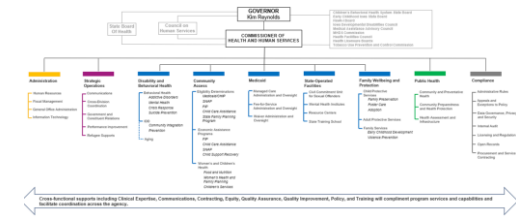
# Compliance

## *What we mean by “Compliance”:*

Compliance helps all other HHS functions to interpret, implement and integrate laws, policies regulations and requirements.

## *A couple of things to note about this functional area:*

- This area **coordinates** with an array of partners across state government, including the:
  - Assistant Attorneys General from the Office of the Attorney General on legal matters
  - Department of Administrative Services on service contracting
- This integration effort includes building out a **new internal audit function** to ensure that the new department administers public funds with the highest standards of integrity, in compliance with all relevant laws and regulations, with consistently accurate and timely financial reporting and data collection, and strong internal controls
- Centralized data compliance will ensure compliance with legal and regulatory requirements, including sharing of data and data use agreements.



**What is the Final Change Package?**

# What is this Final Change Package?

This Final Change Package is a set (or “package”) of changes aimed at moving toward the ultimate vision of a fully aligned Iowa health and human services system, starting with the integration of Iowa’s Departments of Public Health and Human Services that will take place in July 2022.

## The Final Change Package:

Is...	Is not...
A set of change initiatives toward bringing together Iowa’s Departments of Public Health and Human Services	A list of ways that the two agencies can work together while remaining separate
A prioritized collection of opportunities to work together more closely to benefit Iowans	A comprehensive inventory of all public health and human services programs and services in Iowa
A series of efforts that will take place across multiple years	A detailed implementation plan that will go live on July 1, 2022
The result of in-depth analysis by 70+ staff members and input from 500+ Iowans	The opinion of just a few people
The jumping off point for an ongoing continuous improvement effort	A rigid set of changes to move through in lockstep

# Who developed the Final Change Package?

Each of the following groups participated in the development of this Final Change Package:

Group	Description	Roles & Responsibility
<b>Project Steering Committee</b>	Senior IDPH and DHS executives	Sets project direction and maintains oversight. Provides final approval for recommendations and accountable for implementation.
<b>Alignment Project Team</b>	10 representatives from multiple levels and agencies	Responsible for implementing the Project Plan and making recommendations to the Steering Committee
<b>Change Teams</b>	Subject matter experts assigned to specific Connection Points	Charged with road testing Connection Points and developing detailed recommendations
<b>Project Management Team</b>	Public Consulting Group (PCG) and state staff <i>PCG is the contractor assisting Iowa in planning, organizing, and implementing the alignment</i>	Provides day-to-day Project Management, coordinates resources, tracks progress. Functional support, such as communications. Produces deliverables (PCG).
<b>External Stakeholders</b>	Service providers, advocates, clients, lawmakers, funders, and general public.	Provides ideas, input, and feedback in the process
<b>Internal Stakeholders</b>	DHS and DPH staff who are not assigned a formal role on the project	Provides ideas, input, and feedback in the process

# How is this change package organized?

Prioritized Change Initiatives are organized into five **major impact areas**:

1. **Integrated organizational structure**
2. **Shared vision, frameworks, and connection with the “big picture”**
3. **Welcoming and efficient “front door”**
4. **Closed loops and facilitate “warm handoffs”**
5. **Improve use of data**

Each impact area includes:

- Impact area **description** and **goals**
- **Summary of feedback** from health and human services ecosystem partners and other lowans on a preliminary version of this document from 1,251 participants in online meetings and 150 written public comments
- **Prioritized Change Initiatives** – change initiatives to move from planning to action

Also included are:

- Examples of **what this means for lowans**
- Summary of **what’s next**
- Appendix with **fundamental considerations for implementation, acknowledgments, and potential additional change initiatives**

# How were the Priority Change Initiatives chosen?

Through the summer and early fall of 2021, IDPH and DHS staff members serving on a set of working teams (Alignment Project Team and six Change Teams it helped convene, support and oversee) identified a significant number of recommendations and options for strengthening alignment between public health and human services. To identify which recommendations and options to prioritize for implementation, State leadership and PCG considered which change initiatives:

- Have the greatest potential for **positive impact on lowans**?
- Are most **visible and beneficial to staff** and would have a powerful positive impact if implemented?
- Are most **visible and beneficial to external partners** and would build buy-in for sustaining change implementation and continuous improvement work over the long term?
- Have been **challenges for a long time**?
- Are positioned for relatively **rapid and successful implementation** (e.g., because they relate to work already underway and/or build on organizational strengths already in place)?
- Establish a **foundation for other changes** to follow?

# Major Impact Areas



# Summary of Major Impact Areas



1. Implement an **integrated organizational structure** that brings like functions and services together



1. Establish **shared direction and connection with the big picture** through routinized cross-training, collaboration, and continuous improvement



1. Draw on existing tools, partnerships and other assets to present lowans with a **welcoming and efficient “front door”** to health and human services



1. **Closed loops and facilitate warm handoffs** to connect lowans seamlessly to services and supports that are right for them



1. **Improve the use of data** to enable data integration, informed decision making, and seamless service to lowans

# Integrated Organizational Structure

Impact Area #1

# Integrated Organizational Structure



## *What do we mean by “Integrated Organizational Structure”?*

Establish a single health and human services department that formally integrates similar administrative functions and service areas.

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### Goals

**Stronger collaboration** between people with shared professional focus areas and complementary expertise to prevent chronic disease, premature death, and other negative health and human services outcomes

**Clearer and more consistent communication:**

- **with individuals and families** about services and supports available to them and how to access them
- **with providers and partners** about what the State expects of them, and what they can expect from the State in return

**Quicker and better connections** between lowans in need and services and supports that are right for them

**Greater efficiency and consistency** in carrying out core administrative functions, balanced with variation by division (where needed)

# Integrated Organizational Structure

## *Feedback from partners and other lowans*



### **Key Themes:**

*\* Shift from crisis focus to prevention focus \* Clarity on population health approach \* Need for clear public health expertise among leadership*

## For Implementation

- On standardizing contracting processes, “...**standardizing the contracting processes** so that all health and human service departments use the same process will be beneficial for the contractors...”
- On the importance of being trauma-informed, “the entire thread of **trauma informed practices**, ACEs data collection, and practices for healing and recovery from trauma **should be unified, with common expectations for all agencies in Iowa**, all providers, and all certified health practitioners. There should be a trauma informed leadership team within this new HHS agency.”
- **Alignment of the food and nutrition programs across divisions** was listed as a pro by many respondents

## Anticipated Challenges, Risks

- On the risk of staff attrition, “there is already a **labor shortage and more may leave** if the job they enjoy doing has to take on additional work, is outside of their interests, or there is a **steep learning curve** during the transition”
- Interaction with **managed care organizations** (MCOs) and **Mental Health and Disability Services** (MHDS) regions are **unclear**
- Evaluate possible impacts on minority, marginalized communities

# Integrated Organizational Structure

## *Additional feedback for successful integration*



The following feedback from partners and other lowans calls out additional important things to keep in mind as we move toward a single, integrated health and human services department:

- Ensure that data security, integrity is maintained through all processes, especially in “one stop shop” and universal application efforts
- Collaborate with local public health entities, community providers to align service expectations with local capacity and obtain buy-in
- Instill a diversity, equity, inclusion lens across all areas
- Champion cultural competency, accessibility through all service portals, pathways
- Be clear about who will need to be a “generalist” to fulfill service delivery model and how subject matter expertise will be maintained across all program areas
- Embed continuous quality improvement practices at every stage of the implementation process to define where both agencies could improve in their current state and how improvements will be evaluated in the future state

# Integrated Organizational Structure

## *Prioritized Change Initiatives*



*The following are change initiatives to start transitioning business operations and staffing from two separate agencies to a single, integrated department:*

- A. Create more detailed **tables of organization** for each division and bureau
- B. Create a multi-year **Strategic Plan** and **Implementation Roadmap** for the new aligned health and human services department
- C. Inventory and execute **changes to teams and individual roles** (job descriptions, job classifications, work locations, seating plans, etc.)
- D. Inventory and execute **changes to core administrative functions** needed to operate the new department (business communication and collaboration systems, external contracting and reimbursement systems, etc.)
- E. Start **collaborating more closely on time-sensitive work** (federal grant applications, American Rescue Plan Act (ARPA) funded-improvement initiatives, provider contract procurement, etc.)

# Shared Direction and Connection to the Big Picture

Impact Area #2



# Shared Direction and Connection to the Big Picture



## *What do we mean by “Shared Direction and Connection to the Big Picture”?*

Help people across Iowa’s health and human services ecosystem – state and local government as well as provider and other partner organizations – connect with a shared purpose, understand others’ contributions toward that purpose, and work together more effectively.

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### Goals

Identify and communicate shared **principles, frameworks, and strategic priorities**

Provide state staff an array of **learning, information sharing, and networking opportunities** to learn about what each other does and how that work contributes to shared goals

Provide state staff and external partners structured, regular opportunities to collaborate to **drive continuous improvement** in areas of shared passion and professional interest

# Shared Direction and Connection to the Big Picture

## *Feedback from partners and other lowans*



### **Key themes:**

*Define issues first then decide on best framework \* Local, community-level buy-in needed for new framework \* Limited staff capacity to participate in trainings*

## For Implementation

- On establishing a shared vision: “IDPH and DHS could both benefit from rethinking their ideas of **prevention and mitigation** to make this alignment successful”
- On choosing a common framework: “We cannot assist lowans if we all don't have a **clear picture of what the issues are**”
- Workforce development should focus on the **development of public health skills among Iowa's full integrated workforce** and not just licensed public health professionals
- There is no overall framework that emphasizes that public health is about **improving the lives of all lowans** and not just those that need services

## Anticipated Challenges, Risks

- There needs to be **buy in to the “big picture” at the local level** to be successful
- **Staff capacity** for ongoing training/education and meetings could be a challenge
- It is critical that there is **agreement on the language** that will be used so that everyone is on the same page about how the integrated department will speak
- It's a concern that this alignment will be so worried about the 'whole' picture that **individualized in-home assistance, focus and services may be impacted or sacrificed**

# Shared Direction and Connection to the Big Picture

## *Prioritized Change Initiatives*



*The following are change initiatives to help people across Iowa's health and human services ecosystem start connecting with a shared purpose, understanding others' contributions toward that purpose, and working together more effectively:*

- A. Identify a key, few **shared frameworks** to strengthen consistency, focus, and a common language. Examples include Social Determinants of Health, the Federal Substance Abuse and Mental Health Services Administration (SAMHSA)'s Strategic Prevention Framework, Lifecycle Health and Wellbeing, etc.
- B. Convene **state staff** for “**health and human services 101**” training on the health and human services shared frameworks, continuum of activities and services, what various organizational units do, and how staff can contribute to these goals and draw on these frameworks from their perspective
- C. Explore options for and feasibility of **strengthened collaboration between health and human services and local partners** (e.g., Local Public Health Agencies, private providers) and supporting local partners in answering people's general questions and connecting people with specialists for specific questions
- D. Identify a key few ways for people (health and human services staff and – where possible – external partners) to **collaborate** to bring ever more people together in shared work, building on established mechanisms
- E. Submit **aligned applications** for Community Substance Abuse/Substance Use Disorder and Mental Health block grants

# Welcoming and Efficient Front Door

Impact Area #3



# Welcoming and Efficient Front Door

## *What do we mean by “Welcoming and Efficient Front Door”?*

Coordinate and leverage existing assets (e.g., websites, call centers, in-person access points) to create a user-friendly front door to public health and human services.

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### Goals

**Build on existing online and telephone access points** that have modern designs and “tried and tested” processes to work toward a truly universal virtual “front door” to health and human services and supports

**Deepen state-local and public-private partnerships** to expand lowans’ access to in-person information and consultation

**Expand ability to inform hard-to-reach and high-risk populations** about how to access the array of services and supports available to them

# Welcoming and Efficient Front Door

## *Feedback from partners and other lowans*



### **Key themes:**

*Invest in local partnerships to sustain improvements \* Need BOTH in-person and virtual front doors \*  
Centralizing services for rural areas could be a barrier*

## For Implementation

- On local partnerships: "Deepen state-local and public-private partnerships to **expand lowans' access** to in-person information and consultation"
- On an efficient front door: "...No wrong door could be extremely helpful for clients provided they get the **correct information & a live answer versus too much automation**... endlessly shuffled or transferred to someone else creating an ongoing loop"
- Share data and documentation to **avoid recollecting contact information** or other basic data
- Ensure that **in-person assistance** is available and that there are care navigators available for everyone that needs it

## Anticipated Challenges, Risks

- This alignment focuses on centralizing many things and this **could have a negative impact on rural counties** that already have to travel a distance for some services
- There will be a very **large financial cost** to complete this integration and ultimately it may cost more to correctly staff the programs
- Attention should be made during this alignment of the current partnership landscape, high workload and burden on community organizations and that any of this **additional work on the local health department/organizations is funded and not a "partnership"**
- Families may be presented with **too many options** making it difficult for them to know what programs/services they need or are best

# Welcoming and Efficient Front Door

## *Prioritized Change Initiatives*



*The following are change initiatives to start moving toward an increasingly user-friendly, single “front door” to public health and human services:*

- A. Create a **universal web page** for accessing a broad array of services and supports with user-friendly functionality and modern look and feel
- B. Build on established **call center tools and methods** to work toward a true virtual “no wrong door”
- C. Explore feasibility of a universal, mobile-friendly, self-service **screening, application, and referral tool** for use by lowans or people assisting lowans in need

# Closed Loops and Warm Handoffs

Impact Area #4



# Closed Loops and Warm Handoffs



## *What do we mean by “Closed Loops and Warm Handoffs”?*

Improve current mechanisms to connect lowans with tailored, holistic services and supports that are right for them -- the right service at the right time.

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### Goals

Engage newly integrated health and human services staff in **joint work to strengthen tools and processes** used to connect people with services that are right for them

Strengthen alignment around **care coordination and case management**

Increase **service partners’ access to shared data, information, and peer networks** to strengthen coordination among providers and work together to continuously improve the overall service array

# Closed Loops and Warm Handoffs

## *Feedback from partners and other lowans*



### *Key themes:*

*Centralized service can increase client engagement \* Need to inventory programs, providers carefully to understand impact on sustainability, processes*

## For Implementation

- On the location of services: “Sharing of office space or having the ability to go to a centralized hub as a **“one stop shop”** would be helpful to individuals and families seeking resources/services”
- This change will require **communication** among staff **at all levels**
- **State, Managed Care Organizations, and provider roles** will need to be better defined, and the best way to access care coordination, as part of this process
- It would be valuable to know **how billing will work if one entity has to complete work for another entity** as part of the shared services and knowledge

## Anticipated Challenges, Risks

- On disparate systems: “It should be noted that some of our most vulnerable patients are dual eligible (**Medicare & Medicaid**)...there is **limited infrastructure to measure clinical quality and service utilization** for this population”
- There are **existing strains between staff from various agencies (local and state)** that need to be put aside for the greater good of lowans
- Ensure continued review of program services array to **avoid duplication of services**

# Closed Loops and Warm Handoffs

## *Prioritized Change Initiatives*



*The following are change initiatives to start improving mechanisms that connect lowans with tailored, holistic services and supports that are right for them:*

- A. Engage **staff members with clinical expertise** to enrich risk factor screening for Medicaid members and identify health and human services needs for individuals in state care sooner
- B. Explore options for **strengthened collaboration across divisions, bureaus, and agencies** in service to high priority and high need populations (e.g., between **child protective services worker and substance use disorder providers** to help families struggling with substance use get on a sustained path toward recovery and reunification)
- C. Convene staff from MCOs and health and human services focused on care coordination to explore **expanding care coordination to include additional services** (e.g., childcare), define shared **quality standards** and **processes to continuously improve quality**, and clarify which **populations** are served by MCOs versus other health and human services partners

# Improved Use of Data

Impact Area #5

# Improved Use of Data



## *What do we mean by “Improved Use of Data”?*

Develop and implement a plan to improve the use of data across health and human services to better coordinate services, focus services for maximum impact, and drive continuous improvement while preserving confidentiality and statutory privacy protections.

---

### Goals

#### **Modernize and connect eligibility systems** to enable:

- lowans to fill out fewer forms and talk to fewer people to receive financial supports
- State staff to process eligibility for multiple programs more efficiently
- State staff and people applying for and receiving financial supports to communicate more efficiently

#### **Combine data from case management and care coordination systems** to:

- Help case managers better coordinate communications
- Proactively provide supports to individuals and families

#### **Combine data from service and support documentation systems** to:

- Identify what works, in what circumstances, and with what populations
- Deliver services and support in areas and ways shown to have the greatest positive impact

# Improved Use of Data

## *Feedback from partners and other lowans*



### **Key themes:**

*Opportunity to use data to identify trends, gaps \* Potential burden on front line staff for data collection \**  
*Clarify how data can be used to understand state-wide public health needs*

## For Implementation

- On informing implementation planning: “It might be wise to share data first to give some **projections about how integrated services might work** and what some pitfalls might be”
- On using shared data: “Data that can be shared to create **efficiency, inclusivity, and a holistic approach** to service delivery would be great”
- Public health focuses on **monitoring health status of the overall population** not just populations that receive services. It will need to be clear where that basic population-level function fits into the new structure.
- Consider how data sharing will impact **grant reporting**

## Anticipated Challenges, Risks

- Be sure these proposed changes do not **increase the administrative burden** for providers and other stakeholders
- The **cost** for streamlining all data systems is likely to be great
- **Existing data systems in local public health don’t speak to each other.** There is interest in whether there is a plan to get these systems to talk to each other and how all the shared data would be used to improve decision making statewide.

# Improved Use of Data

## *Prioritized Change Initiatives*



*The following are change initiatives to strengthen the use of data across health and human services to better coordinate services, focus services for maximum impact, and drive continuous improvement:*

- A. Analyze privacy statutes and other statutory and regulatory barriers to data sharing and **identify what level and types of data sharing are feasible** and what safeguards need to be put in place
- B. Analyze **current data completeness and capacity**, including how complete current data sets are, how easy or hard data sets are to extract and use, and in what areas data sets are ready for meaningful aggregation vs needing to be made more reliable and comprehensive
- C. Strengthen ability to **identify population-level trends** and **research what works** by working toward combining, matching, de-identifying, and analyzing data from systems across health and human services (e.g., i2d2, Medicaid eligibility and payments, DAISEY)
- D. Replicate **“data to action” working session** approach currently being used to convene additional health and human services staff and – where possible – external partners focused on particular populations (e.g., high-risk and hard to reach populations) or areas of strategic priority (e.g., health equity, breaking generational cycles of poverty) to review data trends and drive continuous improvement

**What's Next?**



# Next Steps

## By June 30, 2022

- Build the administrative foundation for the new, integrated department
- Prepare to start implementing Priority Change Initiatives in a well-planned sequence
- Prepare to start identifying the divisions, bureaus, offices, teams, and individual roles that will carry out each major function as well as how in the newly integrated department programs will be grouped and administered

## July 1, 2022 and Beyond

- On July 1, 2022, state legislation officially establishes a unified department of health and human services
- Begin implementing priority initiatives along lines laid out in implementation roadmaps
- Begin identifying the new department's specific divisions, bureaus, offices, teams, individual roles, and program groupings, resulting in a detailed Table of Organization
  - We plan to communicate to all staff and partners the general timing, sequence, and approach to this work so everyone across the new organization and Iowa's larger health and human services community has a general understanding of when key questions related to individual roles, teams, program groupings, etc. can be answered

**At key points throughout this effort to launch and continuously improve the newly integrated department, there will be opportunities for staff and partners to participate in the process**

# Appendix A: HHS Boards and Commissions

# HHS Boards and Commissions

Advisory Council on Brain Injury	Iowa Board of Chiropractic*	Iowa Fatality Review Committee
Child Care Advisory Committee	Iowa Board of Cosmetology Arts and Sciences*	Iowa Dental Board*
Child Fatality Review Committee	Iowa Board of Dietetics*	Iowa Developmental Disabilities Council*
Children's Behavioral Health System State Board	Iowa Board of Hearing Aid Specialists*	Iowa Domestic Abuse Death Review Team*
Child Development Coordinating Council*	Iowa Board of Massage Therapy*	Iowa Maternal Quality Care Collaborative
Commission on Tobacco Use Prevention and Control	Iowa Board of Medicine*	Iowa Mental Health Planning & Advisory Council
Council on Homelessness	Iowa Board of Mortuary Science*	Iowa Plumbing and Mechanical Systems Board*
Dependent Adult Protective Advisory Council	Iowa Board of Nursing*	Justice Advisory Board
DHS TCM Advisory Board	Iowa Board of Nursing Home Administrators*	Mental Health and Disability Services Commission
Domestic Abuse Death Review Team	Iowa Board of Optometry*	Medical Assistance Advisory Council
Drug Policy Advisory Council	Iowa Board of Pharmacy*	Medical Cannabidiol Board
Emergency Medical Services Advisory Council	Iowa Board of Physical and Occupational Therapy*	Olmstead Task Force
Family Development and Self-Sufficiency Council*	Iowa Board of Physician Assistants*	Perinatal Guidelines Advisory Committee
Healthy and Well Kids in Iowa Board (HAWK-I)	Iowa Board of Podiatry*	Preparedness Advisory Committee
Health Facilities Council	Iowa Board of Psychology*	Region MHDS CEO Collaborative
Interagency Coordinating Council for State Medical Examiner	Iowa Board of Respiratory Care and Polysomnography*	Trauma System Advisory Council
Iowa Autism Council*	Iowa Board of Sign Language Interpreters and Translitterators*	Youth Advisory Council
Iowa Board of Athletic Training*	Iowa Board of Social Work*	Workforce Development Board*
Iowa Board of Barbering*	Iowa Board of Speech Pathology and Audiology*	
Iowa Board of Behavioral Science*	Iowa Child Death Review Team	

\* Councils, advisory bodies and boards that the HHS departments manage or participate in as a member but do not have a legal obligation to advise the Department director.

# Appendix B: Additional Change Initiatives

# Integrated Organizational Structure

## *Additional Change Initiatives*



*The following are additional potential initiatives to transition business operations and staffing from two separate agencies to a single, integrated department:*

- A. Create more specific, aligned **strategic plans for each division and bureau**, including outcomes, performance measures, and activities that align with the health and human services strategic plan and a funding plan for sustainable support of these activities
- B. Inventory and execute any **additional changes to teams and individual roles** (job descriptions, job classifications, work locations, seating plans, etc.) as well as changes to core administrative functions that emerge in the course of early phase implementation
- C. Explore greater **consistency across regional structures** used to administer health and human services programs, drawing on insights from efforts already underway (e.g., implementation of new Collaborative Service Area maps)

# Shared Direction and Connection with the Big Picture

## *Additional Change Initiatives*



*The following are additional potential initiatives to further help people across Iowa's health and human services ecosystem connect with a shared purpose, understand others' contributions toward that purpose, and work together more effectively:*

- A. Review major internal and external communications, reports for funding and oversight agencies, staff meetings, and external collaborative meetings for opportunities to regularly **reference and reinforce strategic priorities and shared frameworks**
- B. Convene **state staff** for a more expansive and varied array of **regular, formal and informal trainings** (e.g., new hire training, presentations at organizational unit meetings) on the health and human services shared frameworks, service array, what various organizational units do, and how staff can contribute to these goals and draw on these frameworks from “where they sit”
- C. Extend **similar learning opportunities** where possible to **partners** across Iowa's ecosystem
- D. Identify additional ways for people (health and human services staff and – where possible – external partners) to **collaborate** to bring ever more people together in shared work, building on established mechanisms
- E. Explore feasibility and desirability of an **internal directory** to guide staff to program managers and subject matter experts across units or divisions
- F. Strengthen compliance with standards to provide **staff members with disabilities maximum access to information and learning opportunities** (e.g., ADA and 508 standards)
- G. Expand awareness and inclusiveness of existing advisory groups and coalition meetings

# Welcoming and Efficient Front Door

## *Additional Change Initiatives*



*The following are additional potential initiatives to move the new health and human services department toward an ever more user-friendly “front door” to public health and human services:*

- A. Strengthen and bring more consistency to health and human services **“brick and mortar” presence in local communities** by strengthening collaboration with partner agencies (e.g., Local Public Health Agencies, private providers) and supporting local partners in answering people’s general questions and connecting people with specialists for specific questions
- B. Equip partners and staff providing **in-home or community-based services** with tools (hard copy information toolkits, online and mobile-friendly resources, etc.) to **help people they serve become aware of available services and connect with others** for more information and assistance
- C. Streamline **intake and eligibility processes**
- D. Create **web-based central hubs** of program information in specific areas of desired community impact (e.g., food and nutrition) that inform lowans, state and local staff, and community resources of the programs/services in specific geographic areas
- E. Explore **”one stop shops”** in local communities that offer an array of services and information (e.g., related to food & nutrition) in single shared locations
- F. Strengthen compliance with standards to provide **lowans with disabilities maximum access to information and services** (e.g., ADA and 508 standards)

# Closed Loops and Warm Handoffs

## *Additional Change Initiatives*



*The following are additional potential initiatives to continuously improve mechanisms that connect lowans with tailored, holistic services and supports that are right for them:*

- A. Bring together **case managers for different populations** (e.g., children experiencing abuse or neglect, people living with HIV, people experiencing homelessness, people struggling with substance use or problem gambling, people with disabilities) to share innovative practices, exchange insights and explore continuous improvement opportunities
- B. Explore options to **provide service partners** access to a **broader range of service data** and **expanded opportunities to collaborate** on continuous improvement of communication and other business processes as well as the overall service array
- C. Strengthen systems to make **earlier referrals to behavioral health in-home services** to increase individual and family coping, communication, and relationship skills and prevent worsening of undiagnosed Behavioral/Mental Health needs in **children and adolescents**
- D. Strengthen connection with care coordination, risk assessment, and education about changes to eligibility after the child is born for **pregnant and new mothers**
- E. Train and incentivize hospital and other medical provider staff to provide **education to mothers about services, supports, and eligibility considerations** alongside presumptive eligibility work
- F. Broaden Hawki outreach work to **maximize presumptive eligibility** work and **raise broader awareness** of the full range of “medical services and supports for your family”
- G. Explore feasibility and desirability of creating a **corps of Service Navigators**



# Improved Use of Data

## *Additional Change Initiatives*



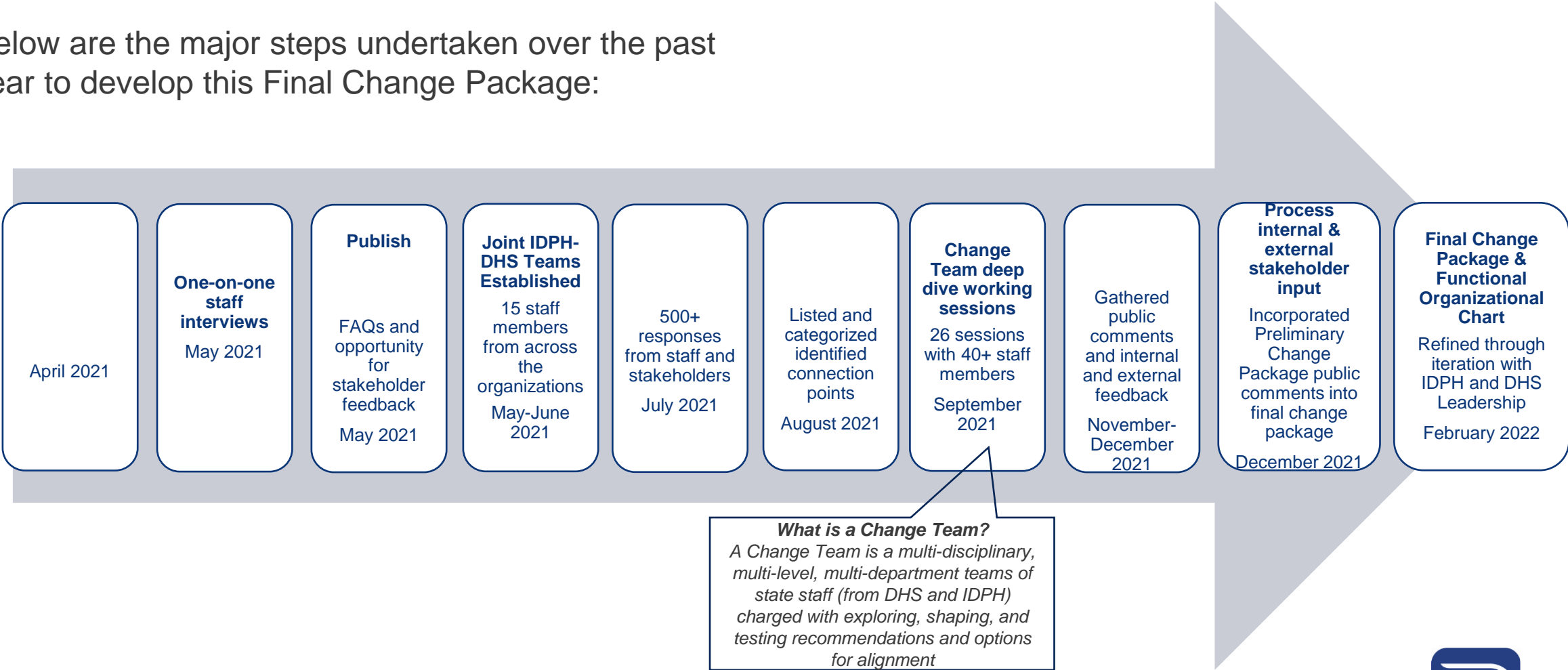
*The following are additional potential initiatives to continuously improve the use of data across health and human services to better coordinate services, focus services for maximum impact, and drive continuous improvement:*

- A. Work toward a **single application** for financial assistance programs that enables people to provide core information needed to determine eligibility for multiple programs just once
- B. Explore feasibility of establishing a **universal system of record** to streamline verification of income and residency, processing and distribution of payments, and communication with people applying for and receiving financial supports
- C. Identify processes to **combine service data** and provide it to people helping a given individual or family (e.g., care coordinators, case managers, providers) while **safeguarding people's privacy rights** (by, e.g., obtaining informed consent and using system access controls to restrict who can view sensitive information)
- D. Explore options for **integrating case records** by extracting, matching, and combining data from various systems into single data sets (using data matching techniques like proximity matching and/or establishment of a master client index)
- E. Expand regular convening of health and human services staff and – where possible – external partners for “**data to action**” **working sessions** to focus on additional populations or areas of strategic priority

# Appendix C: Development Steps

# Development Steps and Participant Contributions

Below are the major steps undertaken over the past year to develop this Final Change Package:



# Appendix D: Acknowledgements

# Acknowledgements

50 IDPH, DHS, and partner agency state staff contributed their expertise, insights and countless hours to this Final Change Package and the Change Initiatives herein. Iowa state leadership and PCG acknowledge their invaluable contributions.

## Alignment Project Team:

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Continued on next page...

# Acknowledgement (continued)

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**Thank you for your commitment, professionalism, and dedication to the lowans you serve.**

# Appendix E: Implementation Fundamentals

# Implementation Planning Fundamentals

We intend to keep the following considerations in mind as we move toward implementation of the changes in this document (*This is not an exhaustive list*):

- ☐ Define **new or revised goals of each** impact area
- ☐ Clarify **new or revised business requirements** of the programs, services involved in each impact area
- ☐ Evaluate **legal implications** of these changes, if any, including statutory changes/code
- ☐ Determine **job positions, job classifications** involved in fulfilling business requirements
  - ☐ For example, FTE needed to support new operations
- ☐ Evaluate how **contractors, providers and external partnerships** will be impacted and communication needs
- ☐ Itemize **new technology needs, data permissions** for internal, external partners to support new model
- ☐ Assess **current funding supports and future needs** for the related programs, services, etc.
- ☐ Outline changes to **where or how programs, services are delivered**
  - ☐ For example, **which locations should see changes in their staffing, operations, policies and procedures**
- ☐ Inventory necessary changes to staff **training and orientation**
- ☐ Determine how the **customer experience** will be impacted by these changes and relevant communication needs
- ☐ Identify **additional impact areas** (as relevant) based on inventory of anticipated changes





**Solutions that Matter**